## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed off tions	ng the Patent, advance on herwise in Block 1, by (a	rders and notification (a) specifying a new co	of mai orrespo	intenance fees wondence address;	vill be r ; and/or	nailed (b) ind	to the current of the	correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
37003		0/2009			Cer	tificate	of Mai	ling or Transn	nission	
SCHLUMBERGER-DOLL RESEARCH ATTN: INTELLECTUAL PROPERTY LAW DEPARTMENT P.O. BOX 425045 CAMBRIDGE, MA 02142					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)					
			[						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/573,619	11/28/2006		Cheng-gang Xie		57.0503 US PCT			JS PCT	9018	
TITLE OF INVENTION: ISOKINETIC SAMPLING										
		· · · · · · · · · · · · · · · · · · ·	I		T				T	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE P	PREV. PAID ISSUE FEE		ТОТА	L FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	_	\$0	\$0		\$1810	03/30/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	S						
NOLAND, THOMAS 2856			073-863030							
1. Change of corresponde CFR 1.363).	(1) the names of up	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1  James McAleenan					McAleenan			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  Vincent Loccisa  (2) the name of a single firm (having as a member a				t Loccisano			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Brigid Laffey 3					Laffey		
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	r type)	)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Schlumberger Technology Corporation Ridgefield, Connecticut										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								hown above)		
Issue Fee	A check is enclosed.									
Publication Fee (N Advance Order - =	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0615 (enclose an extra copy of this for					iciency, or credit any				
			overpayment, to D	eposit	Account Number	er <u>19</u> -	-061	5_ (enclose an	extra copy of this form).	
5. Change in Entity Sta  a. Applicant claim	<b>tus</b> (from status indicated is SMALL ENTITY stati	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no	longer	r claiming SMAl	LL ENT	TTY sta	itus. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other th						e assignee or other party in	
Authorized Signature / James McAleenan/					DateMa	arch	. 30	, 2010		
James McAleenan					Registration N	Vo	56	,820		
This collection of inform	nation is required by 37 C	CFR 1.311. The information	on is required to obtain	or reta	ain a benefit by t	he nubli	ic which	n is to file (and	by the USPTO to process)	
an application. Confiden submitting the completed	tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary	1.14. This collection is depending upon the in	s estim ndividi	nated to take 12 i ual case. Any co	minutes omments	to com	plete, including amount of tim	gathering, preparing, and the you require to complete the the the Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.